

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	RH		6/20
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	49	6/22/01
FORMALITY REVIEW		1020	08/08/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

LVC

Claim	Final	Original	Date
1	✓	✓	10/20/02
2	✓	✓	10/20/02
3	✓	✓	10/20/02
4	✓	✓	10/20/02
5	✓	✓	10/20/02
6	✓	✓	10/20/02
7	✓	✓	10/20/02
8	✓	✓	10/20/02
9	✓	✓	10/20/02
10	✓	✓	10/20/02
11	✓	✓	10/20/02
12	✓	✓	10/20/02
13	✓	✓	10/20/02
14	✓	✓	10/20/02
15	✓	✓	10/20/02
16	✓	✓	10/20/02
17	✓	✓	10/20/02
18	✓	✓	10/20/02
19	✓	✓	10/20/02
20	✓	✓	10/20/02
21	✓	✓	10/20/02
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26	✓	✓	10/20/02
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42	✓	✓	10/20/02
43	✓	✓	10/20/02
44	✓	✓	10/20/02
45	✓	✓	10/20/02
46	✓	✓	10/20/02
47	✓	✓	10/20/02
48	✓	✓	10/20/02
49	✓	✓	10/20/02
50	✓	✓	10/20/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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